

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40404**  
Registrar's No. **10394**

FILED NOV 19 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>50-yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4167 Castleman Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4167 Castleman Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marguerite</b>		b. (Middle) <b>B.</b>	c. (Last) <b>Eagar</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1, 1953</b>			
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>Sept. 30, 1877</b>
9. AGE (In years last birthday) <b>76</b>	10. MONTHS <b>2</b>	11. DAYS <b>1</b>	12. HOURS <b>1</b>
10a. USUAL OCCUPATION (Give kind of work performed during most of working life, even if retired) <b>School teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>James Eagar</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Denhey</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>not known</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Eleanor O'Brien, 4167 Castleman Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>metastatic Carcinoma of lungs</b> ANTECEDENT CAUSES <b>Primary - Adeno Carcinoma of R. breast.</b> DUE TO (b) <b>Primary - Adeno Carcinoma of R. breast.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>6 mos?</b> <b>operated 1946</b>			
19a. DATE OF OPERATION <b>5/1/46</b>	19b. MAJOR FINDINGS OF OPERATION <b>Radical amputation R. breast for Carcinoma</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR? <b>170X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <b>May 1953</b> , to <b>11-1, 1953</b> , that I last saw the deceased alive on <b>3:45 pm.</b> , 19 <b>53</b> , and that death occurred at <b>3:45 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John J. Hammond M.D.</b>		23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>10/2/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Litchfield, Ill.</b>
DATE REC'D BY LOCAL REG. <b>NOV 2 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>	ADDRESS <b>Lindell Blvd.</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by ~~me~~, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *W. S. Taylor* .....

Licensed Embalmer No. *469* .....

P. O. Address *St. Charles* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.